Effective October 1, 2003 00 39 12 9												29
CLAIMS AS FILED - PART I  (Column 1) (Column 2) SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY												
TOTAL CLAIMS			35			ļ		RATE	FEE	7	RATE	FEE
FOR ·			NUMBER FILED		NUME	BER EXTRA		BASIC F	EE 385.00	HOR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			3 ninus 20=		*	15		X\$ 9=	130	OR	7010	
INDEPENDENT CLAIMS			minus 3 =		•	3		X43=	1	1	Voc	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT		<u> </u>				1124	<b>]</b> .		
ا ۱۴ •	the difference	in column 1 is	less than 7	han zero, enter "0" in columo 2				+145=	1	OR	L	_
* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II   0   3   5 TOTAL OTHER THA												
	C	(Column 1)		(Column 2) (Column 3)			SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.31	Minus	2	25	. ~	$ \cdot $	X\$ 9=		OR	X\$18=	
	independent	. 5	Minus	***	6	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\	+145=	1	1	+290=	
								=CPT+		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FE	E L	JOR	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=-	
	Ind pendent	*	Minus	***	<b>21. 4.</b> 4.	-		X43=	1	OR	X86=	
	PHESE	NTATION OF MU	LHPLE DEF	ENDENT	CLAIM	<u>. Ll</u>		+145=		OR	+290=	
•							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
MEN	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	7.5
	Independent	•	Minus	***		=		X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b> -		-	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290= TOTAL	
	the "Highest Nur the "Highest Nur	nber Previously Pai mber Previously Pa ber Previously Paid	d For IN THIS id For IN THIS	S SPACE IS	ess than	1 20, enter "20." 1 3, enter "3."	~	OOIT. FEE	L		VODIT. FEE	

Application or Docket Number